

REGISTRATION FORM

Professional Services Unit

Please complete a form for each course and submit by email, fax or deliver to our offices.

For further information, contact **Professional Services Unit**, 977-6035 / 977-7174 / 977-6976

- ▶ **Annabelle Graham - Ext. 383**; email: - annabelle.graham02@uwimona.edu.jm
- ▶ **Ingrid Bennett – Ext. 239** email: Ingrid.bennett02@uwimona.edu.jm

COURSE NAME:		CAMPUS <input type="checkbox"/> MONA <input type="checkbox"/> WJC
DATE(S)		

PARTICIPANT INFORMATION

First Name:	Last Name:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (State)	Company Name:
Job Title:	Company Address:		Company Tel. #:
Home Address:	Mobile #:	Email:	
Education Level: <input type="checkbox"/> Doctorate <input type="checkbox"/> Masters <input type="checkbox"/> Bachelors <input type="checkbox"/> Associate <input type="checkbox"/> Other			
Profession/ Field of Expertise:			
In case of Emergency -Next of Kin Name:			
Mobile #:			

SPECIAL NEEDS (Dietary/Disability etc.): If meals are provided, please indicate any special dietary needs

If you are COMPANY SPONSORED, please complete the information below

COMPANY/ SPONSOR's INFORMATION			
Company Name:			Address:
Office Tel.#:	Print Authorized Contact Name:	Authorized Signature	Company Stamp/Seal:
Authorized Email:			
Please attach Company Commitment Letter or Purchase Order (PO) with completed application form.			

COURSE FEES (TO BE COMPLETED BY PSU)

Description	Amount J\$	Description	
COURSE FEE		Course fees cover course material, and coffee break, and where applicable, lunch	Project Management Book Issued
5% DISCOUNT		UWI staff & students/UWI & MSBM Alumni UWI-ID # Programme completed:	YES <input type="checkbox"/>
SPECIAL DISCOUNT %		Authorized Signature- Director PSU	NO <input type="checkbox"/>
SUMMER DISCOUNT		Applicable to Friday Project Management class only	
TOTAL DUE			Cohort #

ACCOUNTS DEPARTMENT ONLY

PAYMENT METHOD Cheque Credit/Debit Card Commitment Letter/ Purchase Order
 Credit Payment Plan (**ONLY for Project Management**) must complete **Credit Payment Plan Form**
 Amount paid: J\$..... Balance owing: J\$..... Receipt #.....
 Signature of Account's Officer..... Date.....

REGISTRATION POLICY: (Please read carefully)

1. Registration is complete when you agree to the Registration Policy and payment is made prior to the start of the course.
2. All registration forms must be completed and returned no later than **10 working days** prior to the start of the course and accompanied by either a NCB/MSBM payment voucher, MSBM receipt or a Company Commitment Letter or Purchase Order.
3. **CASH OR PERSONAL CHEQUES ARE NOT ACCEPTED** at the MSBM Accounts department, they must be paid at NCB. If you are paying by **CASH**, you can pay at any NCB branch. Payment vouchers are available at the MSBM Reception, Building A or Building H. Please provide the MSBM Accounts Department with a copy of your payment voucher in order to update our records immediately.
4. If you are paying by **CREDIT/DEBIT CARD/MANAGER'S CHEQUE**, payment can be made at the MSBM Accounts Department, Building A.
5. MSBM/PSU reserves the right to re-schedule or cancel a course due to under-quota; or close a course due to over-enrolment. You will be advised as soon as possible and given the opportunity to re-schedule.
6. Only the Principles & Practices of Project Management Course can accommodate a Credit Payment Plan.

Cancellation, Withdrawal and Refund

1. MSBM/PSU reserves the right to cancel any course and will refund 100% of fees paid.
2. Participants who cancel their attendance in a course 5 business days or more before the start of the course will be refunded 95% of the fee.
3. MSBM will charge a processing fee of 30% of the course fee per person for all cancellations received less than 5 business days prior to the start of the course.
4. No refund will be given once the person has attended the first class.
5. All cancellations must be in writing.
6. Registration is transferable where the registered person is unable to attend, and makes the request in writing.
7. In all refund cases above, payment will be refunded once a written request is submitted.
8. By signing this form you agree that you have read and understood MSBM's Registration, Cancellation, Withdrawal and Refund Policy.

I agree to the terms and conditions of this Policy.

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 Signature of Applicant Date Signature of Receiving Officer Date